

<div>IN THE DISTRICT COURT OF THE FIFTH CIRCUIT</div> <div>_____ DIVISION</div> <div>STATE OF HAWAI‘I</div>	
Plaintiff(s)	Reserved for Court Use
	Civil No.
Defendant(s)	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Last Court Date:	
<div>JUDGMENT</div> <div>JUDGMENT is entered in favor of <input type="checkbox"/> Plaintiff(s) or <input type="checkbox"/> Defendant(s) as follows:</div> <div><input type="checkbox"/> Confession <input type="checkbox"/> Trial <input type="checkbox"/> Stipulation <input type="checkbox"/> Other (Specify: _____)</div> <div><input type="checkbox"/> Default: The Defendant(s) having failed to plead or otherwise defend in the above-entitled action and a default having been entered upon application of Plaintiff(s) and on the verification that Defendant(s) is indebted to Plaintiff(s).</div>	
<div>DISCONTINUED/DISMISSED AS TO: (LIST DEFENDANT(S)' NAMES)</div> <div>Dismissal entered on _____.</div>	
<div>JUDGMENT</div> <div>Principal Amount _____</div> <div>Interest _____</div> <div>Attorney's Fees _____</div> <div>Costs of Court _____</div> <div>Sheriff's Fees _____</div> <div>Sheriff's Mileage _____</div> <div>Other Costs _____</div> <div>Total Judgment Amount _____</div>	
Date:	<input type="checkbox"/> Clerk <input type="checkbox"/> Judge of the above-entitled Court
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 246-3347, FAX 246-3353, OR TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 246-3301.	
Default Entered Against the Above-named Defendant(s) on _____.	I certify that this is a full, true, and correct copy of the original on file in this office.
Clerk, District Court of the Above Circuit, State of Hawai‘i	Clerk, District Court of the Above Circuit, State of Hawai‘i